

**Department of Human Services**  
**Division of Aging Services**  
**Office of Community Choice Options**

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**Instruction for the Pre-Admission Screening and Resident Review(PASRR ) Level 1 Screen**

**A. Section I – Demographics and OCCO Status**

1. Name: give individuals full name, last name and first name.
2. Social Security number: individuals full social security number.
3. Current location address: where the individual is when completing the PASRR form.
4. County of Current Location: County where individual is located when filling out the PASRR form.
5. Date of Birth: self-explanatory.
6. Current Location Setting: where the individual is when the PASRR form is filled out (hospital, community, home etc.) Check one.
7. NF Applicant Status Box: Check applicable PAS status.

**B. Section II - Mental Illness Screen**

**Question 1:** Does the individual have a diagnosis or evidence of a major mental illness? Answer yes or no and specify Diagnosis and include any current substance-related disorder diagnosis if answered yes.

**Question 2:** Has the individual had a significant impairment in functioning related to a suspected or known diagnosis of mental illness? Check the boxes of all that apply for 2a, 2b, 2c, and record yes if any of the three subcategories are checked.

**Question 3:** Within the last two years has the individual: Check the boxes for 3a, 3b and record yes if either/both of the two subcategories are checked. If yes is checked explain and provide dates.

**C. Section II Screening Outcome for Questions 1 through 3**

Complete this section for all the Questions 1 through 3, Check one outcome only.

- a. Check the box for a Positive Screen MI if all questions 1 through 3 are answered yes.
- b. Check the box for a negative Screen MI with any combination of NO for questions 1 through 3.

**D. Section III - Mental Illness Primary Dementia Exclusion**

This exclusion only applies to individuals who have a confirmed primary diagnosis of dementia and that the dementia diagnosis is documented as **primary or more progressed** than a co-occurring mental illness. **This section is only completed if Section II Screening Outcome is Positive Screen for MI.**

- a. **Question 4:** If a diagnosis of dementia is present, place a check beside any/all that apply to questions 4a, 4b, and 4c.
  - i. Provide the DSM-S code for the dementia diagnosis.
  - ii. Complete the Dementia diagnosis made on the basis of: check all that apply.
  - iii. Has the physician documented Dementia as the primary diagnosis or that the Dementia is more progressed than any co-occurring mental illness diagnosis: answer yes or no per MD documentation.

**E. Section III Screening Outcome for MI Primary Dementia Exclusion**

**Question 4:** Complete this section for Questions 4. Check one outcome only.

- a. Check the Yes box for Primary Dementia Exclusion if all responses to question 4a-4c are yes.
- b. Check the No box for Primary Dementia Exclusion if any response to questions 4a-4c are no.

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**F. Section IV Intellectual Disability/ Developmental Disability/Related Conditions Screen**

**Question 5:** The definition of an Intellectual Disability (ID) is a significantly decreased level of intellectual functioning measured by a standardized, reliable test of intellectual functioning and encompasses a wide range of conditions and levels of impairment with concurrent impairments in adaptive functioning. The ID must have manifested prior to the age of 18. The question asks if the individual has a current diagnosis or a history of intellectual disability with an onset prior to age 18 yes or no.

**Question 6:** The definition of a Related Conditions (RCs) is severe, chronic developmental disability, but not forms of intellectual disabilities, that produce similar functional impairments and require similar treatment or services. RCs must have manifested prior to the age of 22. The question Does the individual have a current diagnosis, history or evidence of a related condition that may include a severe, chronic disability with date of onset prior to age 22 that is attributable to a condition other than mental illness that results in impairment of general intellectual functioning or adaptive behavior, mobility, self-care, self-direction, learning, understanding/use of language, capacity for independent living (e.g., autism, seizure disorder, cerebral palsy, spina bifida, fetal alcohol syndrome, muscular dystrophy, deaf or closed head injury). Answer yes or no.

**Question 7:** Does the individual receive services or previously received services paid through the Division of Developmental Disabilities. Answer yes or no.

**Question 8:** The question is seeking to know if a referral was made from an agency that serves individuals with ID\DD\RC yes or no and if yes from what agency.

**G. Section IV Screening Outcome for Questions 5 through 8**

Complete this section for all the Questions 5 through 8, Check one outcome only.

- a. Check the box for a Positive ID/DD if any responses to questions 5 through 8 are yes.
- b. Check the box for a negative screen if **ALL** responses to questions 5 through 8 are no.

**H. Section V - PASRR Final Level I Screening Outcomes and Referral, if Indicated**

**Step 1:** Determine Screening Outcome for Sections II and III. Check one response for each section.

**Step 2:** Determine Final Level 1 Screening Outcome. Check only one screening outcome for this step and follow the directions if the screen is positive to forward the referral to the applicable agency(ies) DMAHS and/or DDD.

**I. Section VI - Categorical Determinations for Level I Positive Screens**

If you are requesting a categorical determination for the Positive PASRR Level I Screen you must check the box beside the appropriate condition/circumstance, and contact DDD/DMHAS as applicable.

DMHAS has a categorical determination form that will need to be completed for a categorical determination. A link to this form is in this section on the PASRR Level I Screen.

**H. Section VII - 30-Day Exempted Hospital Discharge for Level I Positive Screens**

Hospital Exemption applies only to *initial nursing facility admission*; it does not apply to resident review for change in condition, nursing facility readmission or inter-facility transfer. The individual must meet the following criteria to be considered for a PASRR Level I 30 Day Exempted Hospital Discharge:

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1. The individual has received inpatient non psychiatric care at an acute care hospital; *and*
2. The individual requires skilled nursing services for the condition which he or she received care in the hospital; *and*
3. The hospital physician certifies before the NF admission that the individual is likely to require less than 30 days skilled nursing facility care.
4. The PASRR Level I form is then faxed to DMHAS and/or DDD *and OCCO* prior to the individual being discharged to the NF.
5. This section *must be signed by the hospital physician* that is certifying the Level I Hospital Exempt Discharge or it will not be processed.

**I. Section VIII - PASRR Level I Screening Outcome and Certification of Screening Professional**  
**Completing the Level I Form**

1. Outcome of Level I Screen box: check applicable outcome box.
2. Name of Provider/agency/program box: fill in provider name and /or agency/ program where the PASRR form is being completed.
3. Name of Screening Professional: print name of person completing the form.
4. Title of screening professional: print your title.
5. Screening Professional phone number: phone number where you can be reached if additional information is needed.
6. Screening Professional Fax: number where the reviewed PASRR is to be faxed.
7. Signature of Screening Professional: Signature of person completing the form.
8. Date: Date form is faxed to the OCCO regional office.

**All Positive PASRR Level I Screens are to be faxed to OCCO and DDD and/or DMHAS as applicable. All Positive PASRR Level I Screens certified by the physician as a Level II 30-Day Exempted Hospital discharge need to be faxed to OCCO and DMHAS and/or DDD as applicable prior to the individual being discharged to the NF.**

**J. Section IX- Required Contact information for All Positive Level I Screens**

This section is to be completed on every positive Level I screen. If this section is blank the Level I screen cannot be processed. This section allows for the determination of the Level II authority to be sent to the referring Entity, consumer, Legal Representative, if applicable, Family member if permission is received from the individual, and the attending physician.

**K. Section VIII - Contact Information**

This section contains the phone and fax numbers for the local OCCO/DMHAS/DDD agencies where the completed PASRR Positive Level I Screens are to be sent. This section must be completed with all contact information prior to submission to the level II authority as applicable for all positive screens.